

Trustworthy artificial intelligence for personalized healthcare decision making: development of open and safe measures, models and methods

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Abstract: Our DIHEML research project develops open and safe measures, models and methods that can support personalized healthcare decision making with trustworthy artificial intelligence addressing carefully patient's rights and data privacy regulation. With our new methodology statistically significant rating differences of questionnaire answers can be linked to machine learning results thus enabling to develop better machine learning for well-personalized care.

Introduction

Developed and initiated by Lauri Lahti, DIHEML research project ("Development of method for interpretation of health expressions based on machine learning to support various care events and persons (DIHEML)") at Aalto University, Finland, since 2017 develops measuring of the health condition and quality of life to assist in developing artificial intelligence to support public sector healthcare and wellbeing by addressing the personalized needs of the patient (Lahti, Lauri, 2017; Lahti, Lauri, 2018; Lahti, Lauri, 2020a; Lahti, Lauri, submitted 2020b).

Everyone is welcome to participate freely in the research collaboration initiatives created by Lauri Lahti based on the DIHEML research project at the web address: <https://ilmaisuu.cs.aalto.fi/research/welcome/ref-lahti-lauri-20211023>

Methods and materials

Our DIHEML research project gathers with an online questionnaire rating answers measuring how the person interprets various real-life and imagined healthcare and health-related situations, defined by *expression statements* (ES), presented in the form of texts, images and videos. Furthermore, the person is asked to answer to various *background questions* (BQ) concerning his/her demographic information, life situation, quality of life, and health condition (such as evaluation about own health, and satisfaction about health and ability). A special emphasis is to collect answers from persons of patient and disabled people's organizations, other health and wellness organizations, and educational institutions as well as organizations of healthcare professionals.

DIHEML research project aims to develop, test and validate a diverse set of alternative approaches of machine learning to develop new models that can fruitfully support modeling healthcare processes and the decision making about the patient's care, especially addressing the patient's personal needs and preferences.

We have extracted the expression statements with the method that we developed and reported in our previous research (Lahti, Lauri, et al., 2018)

from a broad collection of national and international health-related resources (such as Terveyskirjasto, 2021; ICD-10, 2011; ICF, 2013; ICHI, 2021; guidelines of THL and WHO; guides and support materials offered by patient and disabled people's organizations; online discussions) and measures, methods, materials and data sets developed and applied in previous health-related research. Also the background questions are based on the same just-mentioned resources, being among others adapted from de Bruin et al. (1996), Nosikov & Gudex (2003), Koskinen et al. (2012), and Aalto et al. (2013).

Results

DIHEML research project has carried out a quantitative cross-sectional study with an online questionnaire gathering the "need for help" rating answers for twenty health-related expression statements concerning the coronavirus COVID-19 epidemic, and nine answers of background questions about the person's health and wellbeing, sex and age (Lahti, Lauri, 2020a; Lahti, Lauri, submitted 2020b). This our mentioned study involved online respondents between 30 May and 3 August 2020 recruited from Finnish patient and disabled people's organizations, other health-related organizations and professionals, and educational institutions (n=673). We identified statistically significant rating differences for several health-related expression statements in respect to groupings based on the answer values of background questions, such as the ratings of suspecting to have the coronavirus infection and having it depending on the estimated health condition, quality of life and sex (Lahti, Lauri, 2020a; Lahti, Lauri, submitted 2020b). With our new methodology statistically significant rating differences can be linked to machine learning results thus enabling to develop better machine learning to identify, interpret and address the patient's needs for well-personalized care (see more details in Lahti, Lauri, submitted 2020b).

Conclusions

Addressing the patient's rights, European Union (EU) data privacy regulation and European Commission's

proposal for artificial intelligence regulation, ethical guidelines, key requirements and the self-assessment list to enable trustworthy artificial intelligence (Lahti, Raimo, 2012; Townend et al., 2016; European Commission, 2019, 2020, 2021a, 2021b), DIHEML research project is currently actively advancing multidisciplinary research collaboration efforts to develop new kinds of interpretable learning models for artificial intelligence support units (ILMAISU). The development of these new models is carried out with related supplementing development of suitable measures and methods, all of them being open and safe. Relying on the research collaboration and results DIHEML research project aims to develop trustworthy artificial intelligence solutions that can support especially personalized healthcare decision making.

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Aalto University Research Ethics Committee has given a supporting ethical statement for DIHEML research project on 18 June 2019. While taking appropriate and sufficient anonymization actions in respect to addressing the General Data Protection Regulation of the European Union in handling the research data, DIHEML research project publishes an anonymized version of the research data (an open access data set) to be used by anyone for non-commercial purposes (while citing the appropriate research publication of DIHEML research project). An informed consent was obtained from all individual persons participating in the data acquisition and regarding publishing their anonymized data sets. The author did not receive any specific funding for this research work and he has no competing interests.